	BOARD OF HEALTH State File No 6
1 PLACE OF BIRTH	VITAL STATISTICS
STANDARD CER	TIPICATE OF BIRTH
County / CC	State Wyora
District or Township.	or Village
City No. 8 D. 3 NULL St. Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
Louis Tugas	If child is not yet named, make
2. Full name of child To be presented ONLY 14. Twin, triplet or oth	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
3. Sex of Child To be answered ONLY fin event of plural births. 4. Twin, triplet or oth	7. Date of birth why 25, 1925.
8. FATHER Full name (7) 1 1 1 7	14. MOTHER Full maiden name WA
made oucers	Maria Nerrano
9. Residence (Usual place of abode)	15 Residence (Usual place of abode)
If non-resident, give place and state. Utu.	If non-resident, give place and state.
10. Color or race	16 Color or race
2 Mes. 11. Age at last birthday 29 (Years)	Met. 17. Age at last birthday 18 (Years)
12. Birthplace (city or place) Metcalf	18. Birthplace (city or place) Luaymas
(State or country) Origona.	(State or country)
13. Occupation	19. Occupation
Nature of Industry	Nature of industry
20. Number of children of this mother	and now living 21. Were precautions taken against oph-
(Taken as of time of birth of child berein certified and including this child.) (b) Born alive to certified and including this child.) (c) Stillborn	out now dead thaimis neonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. 20	
I hereby certify that I attended the birth of this child, who was (Born slive or shifterny)	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	
shows other evidence of life after birth. (Physician or midwife).	
a supplemental report Month, day, year	
336-725-426 Riled	ul 30 ,31 (18) m.
Registrar	Registrar